

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/004 115

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		2		1			52						
3		2		2			53						
4		(1)		1			54						
5		(1)		1			55						
6		(1)		1			56						
7		2		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15	1		1				65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		(1)		1			69						
20		(1)		4			70						
21	1		1				71						
22		1		1			72						
23		2		2			73						
24	1		1				74						
25	1		1				75						
26		1		1			76						
27		2		2			77						
28		1		1			78						
29		2		2			79						
30		2		2			80						
31	1		1				81						
32		1		1			82						
33		1		1			83						
34		3		3			84						
35		1		1			85						
36		(1)		1			86						
37		1		1			87						
38		1		1			88						
39				2			89						
40				1			90						
41				1			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		6				TOTAL IND.						
TOTAL DEP.	13		45				TOTAL DEP.						
TOTAL CLAIMS	19		51				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS